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|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>HMRK-128024719</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>HM Life Insurance Company</i> | <i>State Tracking Number:</i> | |
| <i>Company Tracking Number:</i> | <i>HM IRO</i> | | |
| <i>TOI:</i> | <i>H12 Health - Excess/Stop Loss</i> | <i>Sub-TOI:</i> | <i>H12.004 Self-Funded Health Plan</i> |
| <i>Product Name:</i> | <i>Stop Loss</i> | | |
| <i>Project Name/Number:</i> | <i>Stop Loss Extended Laibility Rider Filing/HM IRO</i> | | |

Filing at a Glance

Company: HM Life Insurance Company

Product Name: Stop Loss

TOI: H12 Health - Excess/Stop Loss

Sub-TOI: H12.004 Self-Funded Health Plan

Filing Type: Form

SERFF Tr Num: HMRK-128024719 State: Arkansas

SERFF Status: Closed-Approved

Co Tr Num: HM IRO

Author: Jennifer Bayich

Date Submitted: 01/25/2012

State Tr Num:

State Status: Approved-Closed

Reviewer(s): Donna Lambert

Disposition Date: 01/30/2012

Disposition Status: Approved

Implementation Date: 03/01/2012

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Stop Loss Extended Laibility Rider Filing

Project Number: HM IRO

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 01/30/2012

State Status Changed: 01/30/2012

Created By: Jennifer Bayich

Corresponding Filing Tracking Number: HM IRO

Filing Description:

Dear Sir or Madam:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing in Pennsylvania.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Jennifer Bayich

Enclosed for your approval for use in the state of Arkansas is the above referenced form. This form does not replace any form currently on file with your Department.

This form will be used with Stop Loss Policy form series HL601-SL (810), approved by your Department on October 11, 2010 under SERFF tracking number HMRK-126833775. This will not impact the rates associated with these forms. The purpose of this form is to allow for a reversal of a claim decision by an Independent Review Organization to be paid under the stop loss contract in the policy term in which the claim was incurred.

SERFF Tracking Number: HMRK-128024719 State: Arkansas
Filing Company: HM Life Insurance Company State Tracking Number:
Company Tracking Number: HM IRO
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan
Product Name: Stop Loss
Project Name/Number: Stop Loss Extended Laibility Rider Filing/HM IRO

Stop or excess loss is a type of liability insurance that provides protection for an employer with a self-funded employee benefit plan against a catastrophic or unpredictable claim loss. The above referenced forms pay claims or indemnify an employer for losses incurred under a self-insured employee benefit plan in excess of specified loss limits for individual claims and/or for all claims combined. These forms do not provide coverage for medical care directly to the employees or other beneficiaries of a self-insured employee benefit plan.

HM Life will market this product to employers through our licensed agents, brokers, and third party administrators. We do not make the offer, sale, or renewal of this Stop Loss Insurance product contingent upon the purchase of any other insurance product.

If you have any questions, please contact me at the left-side address or at my direct dial of 412-544-0923 or via email to Jennifer.bayich@hminsurancegroup.com.

Thank you in advance for your time and attention to this matter.

Sincerely,
Jennifer L. Bayich, Esq.

Company and Contact

Filing Contact Information

Jennifer Bayich, Compliance Analyst II
P.O. Box 535061
P6504
Pittsburgh, PA 15235-5061

jennifer.bayich@hminsurancegroup.com
412-544-0923 [Phone]
412-544-1138 [FAX]

Filing Company Information

HM Life Insurance Company
PO Box 535065
Suite P6504
Pittsburgh, PA 15253-5065
(412) 544-1139 ext. [Phone]

CoCode: 93440 State of Domicile: Pennsylvania
Group Code: 812 Company Type:
Group Name: HM Insurance Group State ID Number:
FEIN Number: 06-1041332

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: *HMRK-128024719* *State:* *Arkansas*
Filing Company: *HM Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *HM IRO*
TOI: *H12 Health - Excess/Stop Loss* *Sub-TOI:* *H12.004 Self-Funded Health Plan*
Product Name: *Stop Loss*
Project Name/Number: *Stop Loss Extended Laibility Rider Filing/HM IRO*
Fee Explanation: *1 form x \$50*
Per Company: *No*

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------|---------|----------------|---------------|
| HM Life Insurance Company | \$50.00 | 01/25/2012 | 55791872 |

| | | | |
|--------------------------|--|------------------------|---------------------------------|
| SERFF Tracking Number: | HMRK-128024719 | State: | Arkansas |
| Filing Company: | HM Life Insurance Company | State Tracking Number: | |
| Company Tracking Number: | HM IRO | | |
| TOI: | H12 Health - Excess/Stop Loss | Sub-TOI: | H12.004 Self-Funded Health Plan |
| Product Name: | Stop Loss | | |
| Project Name/Number: | Stop Loss Extended Laibility Rider Filing/HM IRO | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 01/30/2012 | 01/30/2012 |

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| <i>Project Name/Number:</i> | <i>Stop Loss Extended Laibility Rider Filing/HM IRO</i> | | |

Disposition

Disposition Date: 01/30/2012

Implementation Date: 03/01/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| <i>TOI:</i> | <i>H12 Health - Excess/Stop Loss</i> | <i>Sub-TOI:</i> | <i>H12.004 Self-Funded Health Plan</i> |
| <i>Product Name:</i> | <i>Stop Loss</i> | | |
| <i>Project Name/Number:</i> | <i>Stop Loss Extended Laibility Rider Filing/HM IRO</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|--------------------------|-----------------------------|----------------------|
| Supporting Document | Application | Approved | Yes |
| Supporting Document | Flesch Certification | Approved | Yes |
| Supporting Document | Submission Letter | Approved | Yes |
| Form | Extended Liability Rider | Approved | Yes |

SERFF Tracking Number: HMRK-128024719 State: Arkansas

Filing Company: HM Life Insurance Company State Tracking Number:

Company Tracking Number: HM IRO

TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan

Product Name: Stop Loss

Project Name/Number: Stop Loss Extended Liability Rider Filing/HM IRO

Form Schedule

Lead Form Number: HM IRO

| Schedule Item | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|------------------------|-------------|--|---------|----------------------|-------------|--------------------------|
| Approved 01/30/2012 | HM IRO | Policy/Cont Extended Liability ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 59.800 | IRO Rider (HM GR).pdf |

HM LIFE INSURANCE COMPANY

FIFTH AVENUE PLACE, 120 FIFTH AVENUE, PITTSBURGH, PA 15222-3099
1-800-328-5433

EXTENDED LIABILITY RIDER

To be attached to and made part of Policy [12345] issued to [ABC Company] as Policyholder. Effective [January 1, 2012] it is hereby agreed that the Covered Claims Basis in the [Specific Benefit Schedule] [and the] [Aggregate Benefit Schedule] is amended by the addition of:

If an Eligible Claim Expense is denied by the Policy and that denial is subsequently reversed [by an Independent Review Organization (IRO)] [or] [pursuant to an Appeal Procedure] the Covered Claims Basis for the Policy Term in which such Eligible Claim Expense was denied will include all such Eligible Claim Expenses [so] reversed [by an Independent Review Organization (IRO)]

[Appeal Procedure] means the procedure described in the Covered Underlying Plan to appeal a claim decision made pursuant to the term of the Covered Underlying Plan.]

[Independent Review Organization (IRO)] means the organization for external review as required under the external review process of the Patient Protection and Affordable Care Act.]

If the Policy terminates prior to the end of the current Policy Term:

1. The Covered Claims Basis in the Specific Benefit Schedule and Aggregate Benefit Schedule is limited to Eligible Claims Expenses Incurred and actually Paid by 11:59 PM current Eastern Time up to the date the Policy terminates; and
2. No Deductible of the Policy will be satisfied and no benefit will be paid under the Policy for Eligible Claim Expenses denied prior to the date the Policy terminates that are subsequently reversed by an Independent Review Organization (IRO).

All other terms and provisions of the Policy will continue to apply.

HM Life Insurance Company

By



President

| | | | |
|--------------------------|--|------------------------|---------------------------------|
| SERFF Tracking Number: | HMRK-128024719 | State: | Arkansas |
| Filing Company: | HM Life Insurance Company | State Tracking Number: | |
| Company Tracking Number: | HM IRO | | |
| TOI: | H12 Health - Excess/Stop Loss | Sub-TOI: | H12.004 Self-Funded Health Plan |
| Product Name: | Stop Loss | | |
| Project Name/Number: | Stop Loss Extended Laibility Rider Filing/HM IRO | | |

Supporting Document Schedules

| | | |
|--------------------------------------|---------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: Application | Approved | 01/30/2012 |

Comments:

previously approved application to be used HL-SLA WD and HL-SLA ND both approved on October 19, 2005.

| | | |
|---|---------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: Flesch Certification | Approved | 01/30/2012 |

Comments:

Attachment:

Arkansas Readability Signed.pdf

| | | |
|--|---------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: Submission Letter | Approved | 01/30/2012 |

Comments:

Attachment:

AR 1.25.12 Submission Letter.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

This is to certify that the following forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch Reading Ease Score of:

FORM NO.

HM IRO

FLESH SCORE

59.8



Signed by Company Officer

January 24, 2012
Date

Daniel J. Wright

Name

Senior Vice President, Treasurer & CFO

Title

Stop Loss Insurance Rider



A HIGHMARK COMPANY

HM Life Insurance
Company

HM Life Insurance
Company of New York

HM Casualty
Insurance Company

RBS Re

HM Benefits
Administrators

January 25, 2012

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Re: HM Life Insurance Company (NAIC Co. #93440)
STOP LOSS POLICY FORM INSURANCE
Extended Liability Rider - HM IRO

Dear Sir or Madam:

Enclosed for your approval for use in the state of Arkansas is the above referenced form. This form does not replace any form currently on file with your Department.

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Stop or excess loss is a type of liability insurance that provides protection for an employer with a self-funded employee benefit plan against a catastrophic or unpredictable claim loss. The above referenced forms pay claims or indemnify an employer for losses incurred under a self-insured employee benefit plan in excess of specified loss limits for individual claims and/or for all claims combined. These forms do not provide coverage for medical care directly to the employees or other beneficiaries of a self-insured employee benefit plan.

HM Life will market this product to employers through our licensed agents, brokers, and third party administrators. We do not make the offer, sale, or renewal of this Stop Loss Insurance product contingent upon the purchase of any other insurance product.

If you have any questions, please contact me at the left-side address or at my direct dial of 412-544-0923 or via email to Jennifer.bayich@hminsurancegroup.com.

Thank you in advance for your time and attention to this matter.

Sincerely,

Jennifer L. Bayich, Esq.

Mailing Address

PO Box 535061
Pittsburgh, PA 15253-5061

Overnight Deliveries

Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

www.hminsurancegroup.com

Telephone

412-544-1000
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

LHP-185 (R12-07)

